

Entered -06/28/00 - dp **00-R-1022**
CL 97L0047 - DOBBS JORDAN

CLAIM OF: Edward Harris
6474 Rebecca Way
Lithonia, GA 30058

For damages alleged to have been sustained as a result of a vehicular damage on December 06, 1996 at Interstate 20 Eastbound between MLK exit and West End.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSED REPORT
cc: P.S. & LH

7/11/00

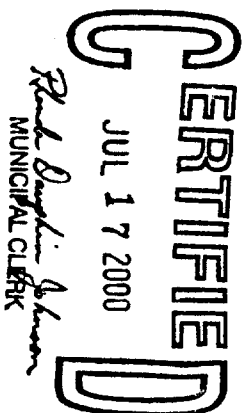
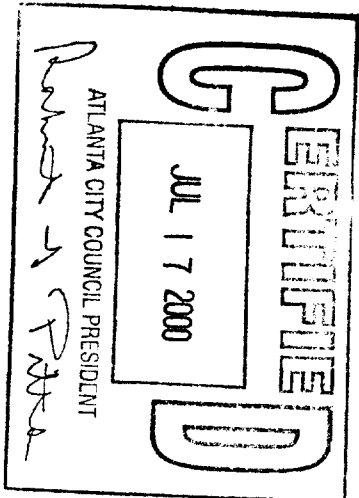
C. T. Maylin

Robert Newell

Robert Newell

CONSENT AGENDA

ADVERSED BY
CITY COUNCIL JUL 17 2000





OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Edward Harris
6474 Rebecca Way
Lithonia, GA 30058

00-R-1022

Dear Mr. Harris:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 97L0047

Date: 6/27/00

Claimant /Victim EDWARD HARRIS
BY: (Atty) (Ins. Co.) _____
Address: 6474 Rebecca Way, Lithonia, GA 30058
Subrogation: _____ Claim for Property damage \$ 538.00 Bodily Injury \$ _____
Date of Notice: 12-23-96 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12-06-96 Place: Interstate 20 Eastbound between MLK exit and West End
Department None Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his vehicle was damaged when it was struck by rocks thrown from a City vehicle. The investigation determined that the vehicle numbers supplied by the claimant do not match any vehicles owned by the City.


INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

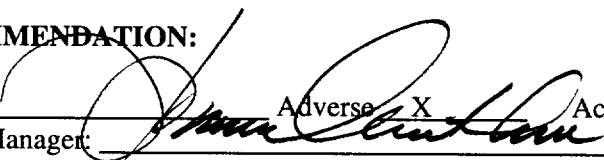
Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DOBBS JORDAN

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-30-00
Committee Action: _____ Council Action _____

COUNCIL of the CITY OF ATLANTA
CLERK OF COUNCIL
CITY HALL
68 Mitchell Street, S.W.
Atlanta, Georgia 30303

RE: CLAIM FOR DAMAGES

ENTERED - 1/30/97 - tew
97L0047 DAYENTRACY G120ATIS-96

Acts
01/10/97

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 538.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of accident: 12 06 96 2. Police called: ✓
Time: 14:55 (month) (day) (year) (yes) (no)
3. Location of accident: I-20 EAST between M.L.K Exp & West end exit
4. Name of your insurance company: State Farm Policy # _____
5. State how accident occurred: City Dump Truck Dropping Rocks, LARGE Rock hit hood of vehicle & struck windshield. I tried to get the Driver Attention was unable to do so. The Truck had Vehicle #869 on the hood. Tag was too dirty to read. (use other side if necessary)
(cracking windshield)
Real the Numbers.
6. If a vehicular accident, complete the following and attach two (2) estimates of repair. ALL ESTIMATES AND VEHICLE DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! The registered owner must make the claim for vehicle damages.
7. Your vehicle: Ford Explorer 94 90KE1 Edward HARRIS
(make) (year) (tag#) (drivers name)
8. City vehicle: Dump Truck
(make) (drivers name) (department)
9. Witness: Jessica HARRIS (404) 624-9789 783 Confederate Ave.
(name) (phone) (address)
10. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

11. THIS CLAIM SHOULD BE
MAILED IMMEDIATELY TO
THE ADDRESS SHOWN ABOVE

00- R -1022

Edward HARRIS
(claimant)

6474 Rebecca
(address)

Lithonia GA 30058
(City) (State) (zip)

770-484-0760 404-848-3098
(home) (phone) (work)